

On reflection, no other treatment looks so convenient

Many women with genital warts would welcome the convenience and dignity of treating themselves at home.

New Warticon Fem makes self-treatment practical by the simple inclusion of a mirror in every pack.

> Proven to be effective¹ and well tolerated² when used in this way,

Warticon Fem is now a clear first choice treatment.

ABBREVIATED PRESCRIBING INFORMATION Warticon, Warticon Fem: Podophyllotoxin 0.5% w/v. Presentation: An acidic ethanolic solution of 0.5% w/v podophyllotoxin. Uses: For the topical treatment of condyloma acuminata affecting the penis or the female external genitalia. Dosage and Administration: The affected area should be thoroughly washed with soap and water, and dried prior to application. Using the applicator provided, the warts should be painted twice daily for 3 days. The treated area should be allowed to dry. If residual warts persist, this 3-day treatment may be repeated, at weekly intervals, if necessary, for a total of 4 weeks of treatment. The majority of patients will not require in excess of 30 loops for each application, however a maximum of 50 loops per application (equivalent to 250µl of Warticon Solution) may be applied. Where lesions are greater in area than 4cm², it is recommended that treatment takes place under the direct supervision of medical staff. Contra-Indications, Warnings, etc. Open wounds following surgical procedures should not be treated with podophyllotoxin. Hypersensitivity to podophyllotoxin is a contra-indication. Avoid contact with the eyes. In the event of the preparation entering the eye, the eye should be thoroughly bathed in water. Side effects: Local irritation may occur on the second or third day of application associated with the bathed in water. Side effects: Local irritation may occur on the second or third day of application associated with the start of wart necrosis. In the majority of cases the reactions are mild. Tenderness, smarting, crythema, superficial epithelial ulceration and balanoposthitis have been reported. Local irritation decreases after treatment. Use in Pregnancy: Do not use during pregnancy or lactation. Overdosage: There have been no reported overdosages with Warticon Solution. No specific antidote is known. Following accidental spillage, wash the skin well with soap and water. In the event of accidental ingestion give emetic or stomach washout. Treatment should be symptomatic and in severe oral overdose ensure the airway is clear and give fluids, check and correct electrolyte balance, monitor blood gases and liver fluids in Blood court should be monitored for at least five days. Pharmagnatical Pracquitions: Product should be liver function. Blood count should be monitored for at least five days. Pharmaceutical Precautions: Product should be stored at room temperature. Legal Category: POM. Package Quantities: Each bottle contains 3ml of Warticon Solution. Plastic applicators are also enclosed in each pack. Each loop will carry a volume of approximately 5µl Warticon Solution. Warticon Fem also contains a mirror to facilitate accurate application. Basic NHS Cost: Warticon 3ml £16.00, Warticon Fem 3ml £16.00. Product Licence Number: PL3863/0007 Date of Preparation: June 1993.



Clearly simple enough for self-application in female genital warts



The transition from medica and entitle

The act of graduating does not suggested to doctor.

Student BMJ is a new monthly journal, launched in October 1992, for medical students at all levels of training. The new journal combines relevant materials from the BMJ with articles specially written for medical students. Articles covered to date include topics such as resuscitation, contraception, and genetics, and provide advice on practical procedures such as inserting a urinary catheter and suturing a wound.

Student BMJ also has sections on student life - discussing how to survive financially as well as emotionally. The journal bridges the gap between being a medical student and becoming a doctor, providing at the same time a guided introduction into the world of scientific papers and argument.

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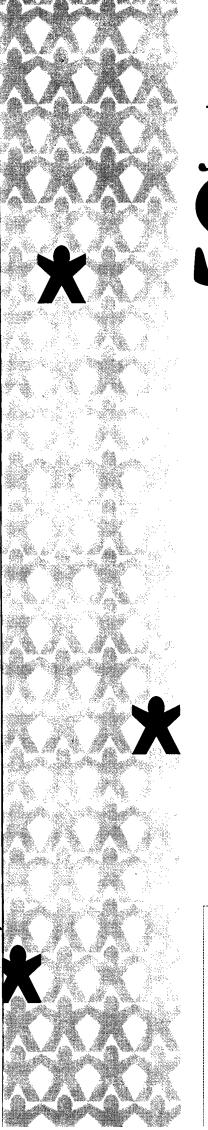
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- Surviving away from home
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- Understanding Angiography
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Journal of Medical Screening Editor: Nicholas Wald

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Journal of Medical Screening is a new quarterly journal to be launched in January 1994 by the BMJ Publishing Group to cover all aspects of medical screening and advance the science of the discipline. The journal aims to bring together specialist groups conducting screening research and establish a liaison with health authorities and policy developers. The philosophy of the journal is that screening should be about the prevention of disability and disease, not simply the early detection of disease as an end in itself.

SUBMISSION

Papers should be submitted to: Professor Nicholas Wald Wolfson Institute of Preventive Medicine Medical College of St. Bartholomew's Hospital Charterhouse Square, London EC1M 6BQ, United Kingdom

Tel: 44 71 982 6269 Fax: 44 71 982 6272

The Journal Aims to Cover:

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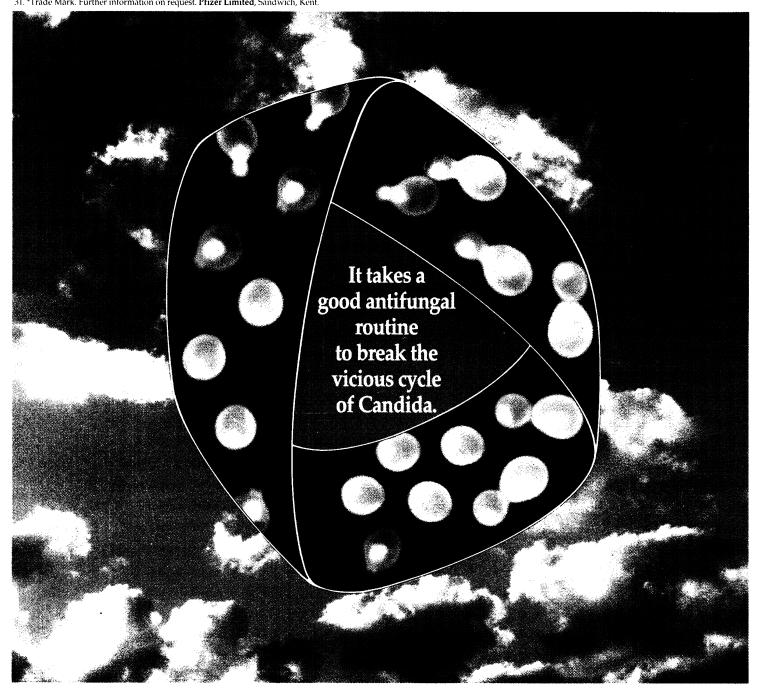
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Abbreviated prescribing information for DIFLUCAN* (fluconazole) Presentation: Capsules containing 50mg, 150mg or 200mg fluconazole; intravenous infusion containing fluconazole 2mg/ml in 0.9% sodium chloride solution; Powder for Oral Suspension available as two dosage strengths containing either fluconazole 50mg/5ml or 200mg/5ml on reconstitution with 24ml water. Indications and dosage: Systemic candidiasis: 400mg on the first day followed by 200-400mg once daily. Cryptococcosis, including meningitis: 400mg on the first day followed by 200-400mg once daily. Oropharyngeal candidiasis: 50-100mg once daily for 7-14 days or longer in immunocompromised patients. Other mucosal candidal infections: 50-100mg once daily for 14-30 days. Prevention of fungal infections: 10 meutropenic patients following cytotoxic chemotherapy or radiotherapy: 50-100mg once daily whilst patients are predisposed to such infections. Dermal fungal infections: 50mg once daily for up to 6 weeks (usually 2-4 weeks - see data sheet). Vaginal candidiasis: single 150mg dose. Use in the elderly - as above except for those renally impaired - see data sheet. Use in children - not recommended. Administration: DIFLUCAN may be administered either orally or by intravenous infusion at a rate of approximately 5-10ml/min. The dosages for the two routes are equivalent. Contra-indications: Hypersensificity to fluconazole for related azoles, prepanacy and women of childbearing potential unless adequate contracention is employed.

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DIFLUCAN* is a highly effective antifungal agent with activity against a wide range of common invasive fungal infections. It should be considered as a first-line treatment in suspected or proven candidal or cryptococcal infections. DIFLUCAN also provides effective prophylactic therapy in neutropenic patients and in patients with solid tumours.^{2,3}

DIFLUCAN has a good safety profile and is well tolerated in both its oral and intravenous forms.4 Since DIFLUCAN is generally better tolerated than I.V. amphotericin B, patients require less hospital care and can be treated on an outpatient basis thus facilitating a substantial reduction in costs.5

Flucan ORAL/I.V. Counters invasive fungal infection.